

# Exhibit A-2

## ENERGY DRINK SURVEY

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[NATIONAL 18+ SAMPLE; INBOUND SAMPLE BALANCED MATCHED ON AGE /  
/GENDER/REGION TO CENSUS]

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[PROGRAMMER NOTES IN BOLD CAPS AND BRACKETS]

[DO NOT ALLOW ROUTED SURVEY TRAFFIC]

[DO NOT ALLOW ROUTED MOBILE TRAFFIC]

[PROGRAMMER: DISABLE RESUME LATER BUTTON FOR ENTIRE SURVEY]

[PROGRAMMER: DISABLE BACK BUTTON FOR ENTIRE SURVEY]

[EACH QUESTION APPEARS ON INDIVIDUAL PAGE]

[DIGITAL FINGERPRINTING SHOULD BE USED TO AVOID REPEAT PARTICIPATION]

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### INTRODUCTION

Thank you for your willingness to participate in our study. The responses you give to our questions are very important to us. If you don't know an answer to a question or if you don't have an opinion, please indicate this in your response.

During the survey, please do not use your browser's *FORWARD* and *BACK* buttons. Instead, please always use the button below to move through the survey.

Simply click on the ">" button at the bottom of the page to begin the survey.

### [DISPLAY ON NEW PAGE]

S1. **Before continuing with this survey, please carefully read these instructions:**

- Please take the survey in one session.
- While completing this survey, please do not visit any other websites or refer to any outside websites for help in answering the survey questions.
- While completing this survey, please do not open any other windows or tabs on this computer/device or any other computer/device.
- While taking this survey, please do not use any hand-held electronic device, such as a cell phone, for any purpose other than taking this survey.
- Please do not view any other written or digital material while taking this survey.
- Please do not ask anyone else for help in answering the survey questions.

1. I have read the above instructions and understand them, and I will adhere to these instructions.
2. I do not understand the above instructions, or I don't wish to agree to them. [SCREEN OUT]

- S2. Please verify that you are human. Once you see the green checkmark, you can click the “>” button to proceed.

**[INSERT CAPTCHA]**

**[TERMINATE IF RESPONDENT FAILS CAPTCHA]**

- S3. What type of device are you using to complete this survey?

1. Desktop computer
2. Laptop computer
3. iPad or tablet computer
4. Mobile phone or cell phone **[TERMINATE]**
5. Something else (Please specify) **[TERMINATE]**

- S4. Are you ...?

1. Female
2. Male
3. Prefer not to answer

**[TERMINATE IF GENDER DOES NOT MATCH PANEL DATA OR “PREFER NOT TO ANSWER” IS SELECTED]**

- S5. Please select your age.

**[INSERT DROP DOWN BOX WITH AGES UP TO 99 AND A “Prefer not to answer” OPTION. TERMINATE IF UNDER 18. TERMINATE IF PREFER NOT TO ANSWER.]**  
**[TERMINATE IF AGE DOES NOT MATCH PANEL DATA]**

**[PROGRAMMER: INCLUDE HIDDEN VARIABLE CAPTURING AGE CATEGORY: 18-24, 25-34, 35-44, 45-54, 55-64, 65+.]**

- S6. In which state do you currently live?

**[INSERT DROP DOWN BOX WITH LIST OF STATES, INCLUDE DC AND “Outside of US”. TERMINATE IF OUTSIDE US. INCLUDE HIDDEN VARIABLE CAPTURING REGION.]**

- S7. Please enter your zip code.

**[TERMINATE IF RESPONDENT’S ZIP DOES NOT MATCH STATE]**

S8. Do you or does anyone in your household work for any of the following?

**[RANDOMIZE ORDER]**

	Yes	No	Don't Know
An advertising company	<b>TERMINATE</b>		<b>TERMINATE</b>
A market research company	<b>TERMINATE</b>		<b>TERMINATE</b>
An insurance company			
A convenience store			
A company that makes or distributes beverage products	<b>TERMINATE</b>		<b>TERMINATE</b>
A company that makes or distributes snack food products			
A company that makes or distributes dairy products			

S9. Within the **past 3 months**, have you completed a survey on any of the following topics?

**[RANDOMIZE ORDER]**

	Yes	No	Don't Know
Energy drinks	<b>TERMINATE</b>		<b>TERMINATE</b>
Ready-to-drink coffee drinks			
Sports drinks			
Carbonated soft drinks such as soda or seltzer			
Juice or juice drinks			
Flavored or coconut water			

S10. Within the **past three months**, which, if any, of the following beverage products have you purchased for either yourself or someone else?

**[DISPLAY IN SAME ORDER AS S9]**

	Yes	No	Don't Know
Energy drinks			
Ready-to-drink coffee drinks			
Sports drinks			
Carbonated soft drinks such as soda or seltzer			
Juice or juice drinks			
Flavored or coconut water			

- S11. Within the **next three months**, which, if any, of the following beverage products do you expect to purchase for either yourself or someone else?

**[DISPLAY IN SAME ORDER AS S9]**

	Yes	No	Don't Know
Energy drinks			
Ready-to-drink coffee drinks			
Sports drinks			
Carbonated soft drinks such as soda or seltzer			
Juice or juice drinks			
Flavored or coconut water			

**[TO CONTINUE, RESPONDENT MUST SELECT ENERGY DRINKS IN EITHER S10 OR S11]**

- S12. This question is a little different. While most people carefully read and respond to the questions in our surveys, a small number do not. To verify that you have read this question carefully, please select the **[RANDOMLY ASSIGN FIRST, SECOND, THIRD, FOURTH, OR FIFTH]** response from the list below.

1. Extremely Important
2. Very Important
3. Somewhat Important
4. Not at all Important
5. Don't know/Not sure

**[TERMINATE IF RESPONDENT SELECTS WRONG ANSWER]**

**[DISPLAY ON NEW SCREEN]**

On the next two screens, you will be shown images of a product you may or may not have seen before. Please review this product as if you were considering making a purchase. If you would like to enlarge any of the images, you may click on the image to see a larger version.

After reviewing the product, you will be asked some questions. We are interested in your honest opinions. There are no right or wrong answers. If for any question you don't know the answer or don't have an opinion, you may say so—please do not guess.

**[NEW SCREEN]**

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**RANDOMLY ASSIGN RESPONDENTS TO GROUP 1 OR GROUP 2**

Please look at this image as if you were considering making a purchase. The “>” button will appear at the bottom of the page after a short delay and you will then be able to advance through the survey. You may take as much time as you would like to review the product images. When you have completed reviewing this page, please click the “>” button.

**[DISPLAY THE ASSIGNED IMAGE 1]**

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**[ALLOW 5 SECONDS TO PASS BEFORE THE FORWARD ARROW APPEARS]**

When you have completed reviewing this page, please click the “>” button. As before, the “>” button will appear at the bottom of the screen after a short delay.

**[DISPLAY THE ASSIGNED IMAGE 2]**

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**[ALLOW 5 SECONDS TO PASS BEFORE THE FORWARD ARROW APPEARS]**

QV. Were you able to see the images clearly?

1. Yes
2. No **[TERMINATE]**

**[FOR QUESTIONS 1 THROUGH 4 SERIES, DISPLAY THUMBNAIL IMAGE ABOVE QUESTION. BELOW THE IMAGE, TELL THE RESPONDENT THEY CAN “Click on any image to enlarge.”]**

Q1. Who do you think makes or puts out this product?

**[MEDIUM TEXT BOX]**

**[INCLUDE “Don’t Know” CHECKBOX. IF DK SELECTED, GO TO Q2]**

Q1a. What makes you think **[INSERT ANSWER FROM Q1]** makes or puts out this product?  
*Please be as specific and detailed as possible.*

**[MEDIUM TEXT BOX]**

Q2. Do you think the company that makes this product makes or puts out any other products or brands?

**[ROTATE RESPONSE OPTIONS 1 AND 2]**

1. Yes, makes or puts out other products or brands **[GO TO Q2a]**
2. No, does not make or put out other products or brands **[GO TO Q3]**
3. Don't know **[GO TO Q3]**

Q2a. What other products or brands do you think are made or put out by the company that makes this product?

*Please be as specific and detailed as possible.*

**[INSERT FIVE SINGLE TEXT BOXES. REQUIRE TEXT ENTRY IN AT LEAST THE FIRST BOX.]**

Q2b. What makes you say **[INSERT ANSWER FROM Q2a]**?

*Please be as specific and detailed as possible.*

**[LARGE TEXT BOX]**

**[REPEAT Q2b FOR EACH ANSWER GIVEN IN Q2a]**

Q3. Do you think the company that makes or puts out this product ...

**[ROTATE RESPONSE OPTIONS 1 AND 2]**

1. Is associated, connected, or affiliated with any other company/companies or brand/brands **[GO TO Q3a]**
2. Is not associated, connected or affiliated with any other company or brand **[GO TO Q4]**
3. Don't know **[GO TO Q4]**

Q3a. What other company/companies or brand/brands do you think are associated, connected, or affiliated with the company that makes this product?

*Please be as specific and detailed as possible.*

**[INSERT FIVE SINGLE TEXT BOXES. REQUIRE TEXT ENTRY IN AT LEAST THE FIRST BOX.]**

Q3b. What makes you say **[INSERT ANSWER FROM Q3a]**?

*Please be as specific and detailed as possible.*

**[LARGE TEXT BOX]**

**[REPEAT Q3b FOR EACH MENTION IN Q3a]**

**[IF Q3a INCLUDES “RISE”, ASK Q3c. OTHERWISE GO TO Q4.]**

Q3c. What else can you tell us about **[INSERT “RISE” ANSWER FROM Q3a]**? What types of products are made or put out by **[INSERT “RISE” ANSWER FROM Q3a]**?

**[LARGE TEXT BOX]**

**[REPEAT Q3b/ Q3c FOR EACH MENTION IN Q3a]**

**[IF Q2a INCLUDES “RISE”, ASK Q4. OTHERWISE GO TO Q5.]**

Q4. Earlier you mentioned that you think the company that makes this product also makes or puts out **[INSERT “RISE” ANSWER FROM Q2a]**. What type of product is **[INSERT “RISE” ANSWER FROM Q2a]**?

**[LARGE TEXT BOX]**

**[NEW SCREEN]**

**We are almost finished. Just a few more questions.**

Q5. At any time during this survey, did you open any other windows or tabs on this computer?

1. Yes **[TERMINATE]**
2. No

Q6. At any time during this survey, did you use any other computer?

1. Yes **[TERMINATE]**
2. No

Q7. At any time during this survey, did you look at or use any hand-held electronic device, such as a cell phone, for any reason other than taking this survey?

1. Yes **[TERMINATE]**
2. No

Q8. At any time during this survey, did you view any written or digital material (other than this survey)?

1. Yes **[TERMINATE]**
2. No



Q9. At any time during this survey, did you consult or talk with someone else?

1. Yes [TERMINATE]
2. No

Thank you for completing our survey.